

## AMENDMENT NO. 2

This Amendment modifies Contract No. 13-45-043, for County-Wide Scavenger Services by and between the County of Cook, Illinois, herein referred to as "County" and Allied Waste Transportation, Inc. d/b/a Republic Services of Chicago, authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

### RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on October 23, 2013, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide County-Wide Scavenger Services (hereinafter referred to as the "Services") from November 15, 2013 through November 14, 2016, with two, one-year renewal options, in an amount not to exceed \$1,546,812.25; and

Whereas, Amendment No. 1 was authorized by the Chief Procurement Officer on December 17, 2015 for an increase in the amount of \$6,000.00; and

Whereas, the Contract will expire November 14, 2016, and the agreed upon Services are still required; and

Whereas, a renewal is desired for the continuation of Services; and

Whereas, an increase in the amount of \$113,000.00 is required for the continuation of Services; and

Whereas, the County and Contractor desire to renew the Contract for one year beginning on November 15, 2016 through November 14, 2017.

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

1. The Contract is renewed through November 14, 2017.
2. The Contract is increased by \$113,000.00 and the Total Contract Amount is revised to \$1,665,812.25.
3. GC-04 Payment of the Contract is deleted in its entirety and is revised as follows:

All invoices submitted by the Consultant shall be in accordance with the cost provisions contained in the Agreement and shall contain a detailed description of the Deliverables, including the quantity of the Deliverables, for which payment is requested. All invoices for services shall include itemized entries indicating the date or time period in which the services were provided, the amount of time spent performing the services, and a detailed description of the services provided during the period of the invoice. All invoices shall reflect the amounts invoiced by and the amounts paid to the Consultant as of the date of the invoice. Invoices for new charges shall not include "past due" amounts, if any, which amounts must be set forth on a separate invoice. Consultant shall not be entitled to invoice the County for any late fees or other penalties.

In accordance with Section 34-177 of the Cook County Procurement Code, the County shall have a right to set off and subtract from any invoice(s) or Contract price, a sum equal to any fines and penalties, including interest, for any tax or fee delinquency and any debt or obligation owed by the Consultant to the County.

The Consultant acknowledges its duty to ensure the accuracy of all invoices submitted to the County for payment. By submitting the invoices, the Consultant certifies that all itemized entries set forth in the invoices are true and correct. The Consultant acknowledges that by submitting the invoices, it certifies that it has delivered the Deliverables, i.e., the goods, supplies, services or equipment set forth in the Agreement to the Using Agency, or that it has properly performed the services set forth in the Agreement. The invoice must also reflect the dates and amount of time expended in the provision of services under the Agreement. The Consultant acknowledges that any inaccurate statements or negligent or intentional misrepresentations in the invoices shall result in the County exercising all remedies available to it in law and equity including, but not limited to, a delay in payment or non-payment to the Consultant, and reporting the matter to the Cook County Office of the Independent Inspector General.

When a Consultant receives any payment from the County for any supplies, equipment, goods, or services, it has provided to the County pursuant to its Agreement, the Consultant must make payment to its Subcontractors within 15 days after receipt of payment from the County, provided that such Subcontractor has satisfactorily provided the supplies, equipment, goods or services in accordance with the Contract and provided the Consultant with all of the documents and information required of the Consultant. The Consultant may delay or postpone payment to a Subcontractor when the Subcontractor's supplies, equipment, goods, or services do not comply with the requirements of the Contract, the Consultant is acting in good faith, and not in retaliation for a Subcontractor exercising legal or contractual rights.

4. The attached Identification of Subcontractor, Economic Disclosures Statement, and MBE/WBE Utilization Plan forms are incorporated and made a part of this Contract.
5. All other terms and conditions remain as stated in the Contract.

In witness whereof, the County and Contractor have caused this Amendment No. 2 to be executed on the date and year last written below.

County of Cook, Illinois

Allied Waste Transportation, Inc.  
d/b/a Republic Services of Chicago

By: [Signature]  
Chief Procurement Officer

[Signature]  
Signed

By: [Signature]  
State's Attorney (if applicable)

Jocelyn Kruis  
Type or print name

General Manager  
Title

Date: 13 April 2014

Date: 3-11-16



ATTACHMENT

**Cook County**  
**Office of the Chief Procurement Officer**  
**Identification of Subcontractor/Supplier/Subconsultant Form**

**OCPO ONLY:**  
☐ Disqualification  
☐ Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 13-45-043	Date: 3/7/16
Total Bid or Proposal Amount: \$113,000	Contract Title: Cook County Department of Facilities Mgmt
Contractor: Allied Waste Transportation Inc	Subcontractor/Supplier/ Subconsultant to be added or substitute: West Fuels, Inc.
Authorized Contact for Contractor: Jeff Hokanson	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Deborah Stange
Email Address (Contractor): JHokanson@republicservices.com	Email Address (Subcontractor): dstange@westfuels.com
Company Address (Contractor): 2608 S Damen	Company Address (Subcontractor): 82 S. LaGrange Rd
City, State and Zip (Contractor): Chicago, IL 60608	City, State and Zip (Subcontractor): LaGrange, IL 60525
Telephone and Fax (Contractor) 708-297-3938 Fax: 773-579-3603	Telephone and Fax (Subcontractor) 708-588-1900 Fax: 708-588-8289
Estimated Start and Completion Dates 11/15/16 - 11/15/17 (Contractor)	Estimated Start and Completion Dates 11/15/16 - 11/15/17 (Subcontractor)

**Note:** Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Provide Fuel	11,300 (DUR)

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Contractor Allied Waste Transportation Inc

Name Jeff Hokanson  
Title Controller  
Prime Contractor Signature Jeff Hokanson Date 3-11-16

**Cook County**  
**Office of the Chief Procurement Officer**  
**Identification of Subcontractor/Supplier/Subconsultant Form**

**OCPO ONLY:**  
☐ Disqualification  
☐ Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 13-45-043	Date: 3/7/16
Total Bid or Proposal Amount: \$113,000	Contract Title: Cook County Department of Facilities Mgmt
Contractor: Allied Waste Transportation Inc	Subcontractor/Supplier/ Subconsultant to be added or substitute: Petromex
Authorized Contact for Contractor: Jeff Hokanson	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Felipe Estrada
Email Address (Contractor): JHokanson@republicservices.com	Email Address (Subcontractor): quimex@quimexinc.com
Company Address (Contractor): 2608 S Damen	Company Address (Subcontractor): 14702 S. Hamlin
City, State and Zip (Contractor): Chicago, IL 60608	City, State and Zip (Subcontractor): Midlothian, IL 60445
Telephone and Fax (Contractor): 708-297-3938 Fax: 773-579-3603	Telephone and Fax (Subcontractor): 708-489-1733 Fax: 708-597-8655
Estimated Start and Completion Dates (Contractor): 11/15/16 - 11/15/17	Estimated Start and Completion Dates (Subcontractor): 11/15/16 - 11/15/17

**Note:** Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Provide Fuel	14,125 (DUR)

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Contractor Allied Waste Transportation Inc

Name Jeff Hokanson  
 Title Controller  
 Prime Contractor Signature Jeff Hokanson Date 3-11-16

**Cook County**  
**Office of the Chief Procurement Officer**  
**Identification of Subcontractor/Supplier/Subconsultant Form**

**OCPO ONLY:**  
☐ Disqualification  
☐ Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 13-45-043	Date: 3/7/16
Total Bid or Proposal Amount: \$113,000	Contract Title: Cook County Department of Facilities Mgmt
Contractor: Allied Waste Transportation Inc	Subcontractor/Supplier/ Subconsultant to be added or substitute: E. King Construction Co., Inc.
Authorized Contact for Contractor: Jeff Hokanson	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Elaine King
Email Address (Contractor): JHokanson@republicservices.com	Email Address (Subcontractor): ekingtrkg@aol.com
Company Address (Contractor): 2608 S Damen	Company Address (Subcontractor): 3865 W. Columbus Ave.
City, State and Zip (Contractor): Chicago, IL 60608	City, State and Zip (Subcontractor): Chicago, IL 60652
Telephone and Fax (Contractor): 708-297-3938 Fax: 773-579-3603	Telephone and Fax (Subcontractor): 708-284-9800 Fax: 773-284-9856
Estimated Start and Completion Dates (Contractor): 11/15/16 - 11/15/17	Estimated Start and Completion Dates (Subcontractor): 11/15/16 - 11/15/17

**Note:** Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Transportation of refuse to ultimate disposal sites (landfills)	14,125 (DUR)

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Contractor Allied Waste Transportation Inc

Name Jeff Hokanson  
Title Controller Date 3/11/16  
Prime Contractor Signature Jeff Hokanson



OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

**TONI PRECKWINKLE**

PRESIDENT

**Cook County Board  
of Commissioners**

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1st District

ROBERT STEELE  
2nd District

JERRY BUTLER  
3rd District

STANLEY MOORE  
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12th District

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14th District

TIMOTHY O. SCHNEIDER  
15th District

JEFFREY R. TOBOLSKI  
16th District

SEAN M. MORRISON  
17th District

March 17, 2016

Ms. Shannon E. Andrews  
Chief Procurement Officer  
118 N. Clark Street  
County Building-Room 1018  
Chicago, IL 60602

Re: Contract No. 13-45-043 (Amendment No. 2)  
Countywide Scavenger Services  
Facilities Management Department

Dear Ms. Andrews:

The Office of Contract Compliance is in receipt of the above-reference contract amendment and has reviewed it for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review, it has been determined this amendment is responsive to the Ordinance.

Bidder: Allied Waste Transportation, Inc. d/b/a Republic Services of Chicago

Original Contract Value: \$1,546,812.25

Increased Contract Value: \$6,000.00 (Amendment No. 1)

New Contract Value: \$1,552,812.25

Increased Contract Value: \$113,000.00 (Amendment No. 2)

New Contract Value: \$ 1,665,812.25

Contract Extension: 1 Year

New Contract Term: November 15, 2016 thru November 14, 2017

Contract Goal: 25% MBE, 10%/WBE

<u>MBE/WBE</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment</u>
E. King Construction	MBE-6	City of Chicago	12.5% (Direct)
Petromex, Inc.	MBE-9	City of Chicago	12.5% (Indirect)
West Fuels, Inc.	WBE-7	Cook County	4.0% (Direct)
West Fuels, Inc.	WBE-7	Cook County	6.0% (Indirect)
			<u>35.0% Total</u>

The Office of Contract Compliance has been advised by the Requesting Department that no other bidders are being recommended for award. Original MBE/WBE forms were used in the determination of the responsiveness of this contract.

Sincerely,

  
Jacqueline Gomez

Contract Compliance Director

JG/smp

cc: Aaron Moser, OCPO  
Kathy Weiss-Botica, Facilities Management

\$ Fiscal Responsibility Innovative Leadership Transparency & Accountability Improved Services

16 MAR 18 PM 3:18

RECEIVED  
OFFICE OF THE  
CHIEF PROCUREMENT OFFICER

## MBE/WBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

**I. BIDDER/PROPOSER MBE/WBE STATUS:** (check the appropriate line)

☐

Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)

☐

Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at [www.cookcountyil.gov/contractcompliance](http://www.cookcountyil.gov/contractcompliance))

☒

Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

**II.**

☐

Direct Participation of MBE/WBE Firms

☒

Indirect Participation of MBE/WBE Firms

**NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.**

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: West Fuels, Inc.

Address: 82 S. LaGrange Rd., LaGrange, IL 60525

E-mail: dstange@westfuels.com

Contact Person: Deborah Stange Phone: 708-588-1900

Dollar Amount Participation: \$ 6,780 (depending on requirements)

Percent Amount of Participation: 6% %

\*Letter of Intent attached? Yes X No       

\*Current Letter of Certification attached? Yes x No       

MBE/WBE Firm: Petromex

Address: 14702 S. Hamlin Ave., Midlothian, IL 60445

E-mail: quimex@quimexinc.com

Contact Person: Felipe Estrada Phone: 708-489-1733

Dollar Amount Participation: \$ 14,125 (depending on requirements)

Percent Amount of Participation: 12.5 %

\*Letter of Intent attached? Yes X No       

\*Current Letter of Certification attached? Yes x No       

*Attach additional sheets as needed.*

**\* Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**



**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: West Fuels, Inc.  
Contact Person: Deborah Stange  
Address: 82 S. LaGrange Rd.  
City/State: LaGrange, IL Zip: 60525  
Phone: 708-588-1900 Fax: 708-588-8289  
Email: dstange@westfuels.com

Certifying Agency: City of Chicago  
Certification Expiration Date: 2/1/17  
Ethnicity: \_\_\_\_\_  
Bid/Proposal/Contract #: 13-45-043  
FEIN #: 36-3755226

Participation: ☐ Direct ☒ Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

☒ No ☐ Yes -- Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

**Provide Fuel**

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:

10% of contract payments received. Terms of payment - 30 days from invoice date.

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Amy Van Howe  
Signature (M/WBE)

Amy Van Howe

Print Name

West Fuels, Inc.

Firm Name

3/9/16

Date

Subscribed and sworn before me

this 9th day of March, 2016

Notary Public Robert Stange

SEAL



M/WBE Letter of Intent - Form 2

Jeff Homan  
Signature (Prime Bidder/Proposer)

JEFF HOMAN

Print Name

Allied Waste Transportation Inc

Firm Name

3-11-16

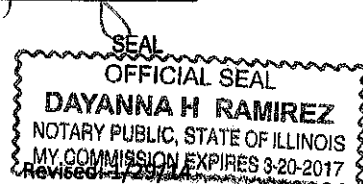
Date

Subscribed and sworn before me

this 11 day of March, 2016

Notary Public Dayanna H Ramirez

SEAL



**Vendor Information**

CLOSE WINDOW



? HELP

**Vendor Information**

Business Name **West Fuels, Inc.**  
Owner **Ms. Deborah Stange**  
Address **82 S. La Grange Road**  
> [Map This Address](#) **Suite #201**  
**La Grange, IL 60525**  
Phone **708-588-1900**  
Fax **708-588-8289**  
Email **[customerservice@westfuels.com](mailto:customerservice@westfuels.com)**  
Website **<http://www.westfuels.com>**

**Certification Information**

Certifying Agency **City of Chicago**  
Certification Type **WBE - Women Business Enterprise**  
Certification Date **1/25/2016**  
Renewal/Anniversary Date **2/1/2017**  
Expiration Date **2/1/2017**  
Certified Business Description **NAICS 424720 Petroleum and petroleum products merchant wholesalers (except bulk stations, terminals)**  
**NAICS 484220 Specialized Freight (except Used Goods) Trucking, Local**

**Commodity Codes**

Code	Description
NAICS 424720	Petroleum and petroleum products merchant wholesalers (except bulk stations, terminals)
NAICS 484220	Specialized Freight (except Used Goods) Trucking, Local

**Customer Support**[Print This Page](#)

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**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: Petromex  
 Contact Person: Felipe Estrada  
 Address: 14702 S. Hamlin  
 City/State: Midlothian, IL Zip: 60445  
 Phone: 708-489-1733 Fax: 708-597-8655  
 Email: quimex@quimexinc.com

Certifying Agency: City of Chicago  
 Certification Expiration Date: 4/1/16  
 Ethnicity: Hispanic  
 Bid/Proposal/Contract #: 13-45-043  
 FEIN #: 36-3765209

Participation: ☐ Direct ☒ Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

☒ No ☐ Yes - Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Provide Fuel

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:

12.5% of contract payments received. Terms of payment - 30 days from invoice date

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon: (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Felipe J. Estrada  
 Signature (M/WBE)

FELIPE J. ESTRADA  
 Print Name

Petromex  
 Firm Name

3-9-16  
 Date

Subscribed and sworn before me

this 9<sup>th</sup> day of March, 2016  
 Notary Public: Jennifer M. Griffith

SEAL

Jeff Hokanson  
 Signature (Prime Bidder/Proposer)

Jeff Hokanson  
 Print Name

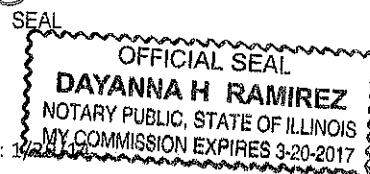
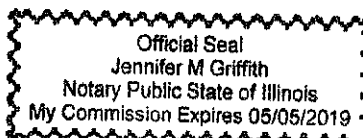
Allied Waste Transportation Inc  
 Firm Name

3-11-16  
 Date

Subscribed and sworn before me

this 11 day of March, 2016  
 Notary Public: Dayanna H. Ramirez

SEAL



**Vendor Information**

CLOSE WINDOW



HELP

**Vendor Information**

Business Name **Petromex, Inc.**  
Owner **Felipe Estrada**  
Address **14702 S. Hamlin Ave.**  
> [Map This Address](#) **Midlothian, IL 60445**  
Phone **708-489-1733**  
Fax **708-597-8655**  
Email [guimex@guimexinc.com](mailto:guimex@guimexinc.com)  
Website [www.petromex.net](http://www.petromex.net)

**Certification Information**

Certifying Agency **City of Chicago**  
Certification Type **MBE - Minority Business Enterprise**  
Certification Date **7/29/2011**  
Renewal/Anniversary Date **4/1/2016**  
Expiration Date **4/1/2016**  
Certified Business Description **Wholesale and Distribution of Petroleum Products, Diesel Fuel, Gasoline and Special Fuels**

**Commodity Codes**

Code	Description
NIGP 40509	Fuel Oil, Diesel (Use 405-02 for Biodiesel)
NIGP 40587	Recycled Petroleum Products
NIGP 40590	Synthetic Petroleum Products
NIGP 40595	Petroleum Products, Scrap or Waste
NIGP 55830	Locomotives, Diesel
NIGP 92845	Fueling Services, Mobile (Vehicle)
NIGP 99874	Oils and Other Petroleum Products, Waste, Sale of Surplus and Obsolete Items

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### MBE/WBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions -- Section 19.

I. **BIDDER/PROPOSER MBE/WBE STATUS:** (check the appropriate line)

- ☐ Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)
- ☐ Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit -- available online at [www.cookcountyil.gov/contractcompliance](http://www.cookcountyil.gov/contractcompliance))
- ☒ Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent -- Form 2).

II. ☒ **Direct Participation of MBE/WBE Firms** ☐ **Indirect Participation of MBE/WBE Firms**

**NOTE:** Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: E. King Construction Co., Inc.

Address: 3865 W. Columbus Ave., Chicago, IL 60652

E-mail: ekingtrkg@aol.com

Contact Person: Elaine King Phone: 773-284-9800

Dollar Amount Participation: \$ 194,101.53 (depending on requirements)

Percent Amount of Participation: 12.5 %

\*Letter of Intent attached? Yes X No         
\*Current Letter of Certification attached? Yes X No       

MBE/WBE Firm: West Fuels, Inc.

Address: 82 S. LaGrange Rd., LaGrange, IL 60525

E-mail: dstange@westfuels.com

Contact Person: Deborah Stange Phone: 708-588-1900

Dollar Amount Participation: \$ 62,112.49 (depending on requirements)

Percent Amount of Participation: 4% %

\*Letter of Intent attached? Yes X No         
\*Current Letter of Certification attached? Yes X No       

*Attach additional sheets as needed.*

\* Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: B. King Const Certifying Agency: City of Chicago  
 Contact Person: Elaine King Certification Expiration Date: 2016-Aug  
 Address: 2865 W. Columbus Ethnicity: BLK  
 City/State: Chicago, IL Zip: 60652 Bid/Proposal/Contract #: 13-45-043  
 Phone: 733-841-8000 Fax: 733-841-9000 FEIN #: 36-2457446  
 Email: Elkingrka@aol.com  
 Participation: ☒ Direct ☐ Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

☒ No ☐ Yes - Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Transportation of refuse to ultimate disposal sites (landfills)

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:

12.5% of contract payments received. Terms of payment - 30 days from invoice date

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

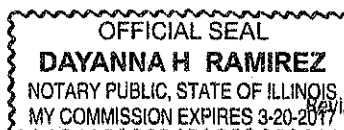
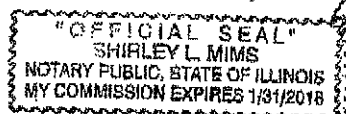
Signature (M/WBE) Elaine King  
 Signature (Prime Bidder/Proposer) Jeff Hokanson  
 Print Name Elaine King-President Jeff Hokanson  
 Firm Name B. King Const Allied Waste Transportation, Inc.  
 Date March 9th 2016 3-11-16

Subscribed and sworn before me

this 9 day of March, 2016  
 Notary Public Shirley Mims

Subscribed and sworn before me

this 11 day of March, 2016  
 Notary Public Dayanna H Ramirez



## Vendor Information

CLOSE WINDOW

 HELP

## Vendor Information

Business Name E. King Construction Co., Inc.  
Owner Elaine King  
Address 3865 W. Columbus Ave.  
> [Map This Address](#) Chicago, IL 60652  
Phone 773-284-9800  
Fax 773-284-9856  
Email [ekingtrkg@aol.com](mailto:ekingtrkg@aol.com)

## Certification Information

Certifying Agency City of Chicago  
Certification Type MBE - Minority Business Enterprise  
Certification Date 3/6/2015  
Renewal/Anniversary Date 9/1/2015  
Expiration Date 9/1/2016  
Certified Business Description INTRASTATE TRUCKING AND HAULING

## Commodity Codes

Code	Description
NAICS 484110	General freight trucking, local ( <a href="#">More</a> )
NAICS 484121	General freight trucking, long-distance, truckload (TL) ( <a href="#">More</a> )
NAICS 484210	Used household and office goods moving ( <a href="#">More</a> )
NAICS 484220	Specialized Freight (except Used Goods) Trucking, Local ( <a href="#">More</a> )
NAICS 484230	Specialized Freight (except Used Goods) Trucking, Long-Distance ( <a href="#">More</a> )

## Customer Support

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[Print This Page](#)

### SECTION 3

#### REQUIRED DISCLOSURES

##### 1. DISCLOSURE OF LOBBYIST CONTACTS

List all persons that have made lobbying contacts on your behalf with respect to this contract:

Name

Address

N/A

##### 2. LOCAL BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)

*Local business* means a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide establishment located within the County at which it is transacting business on the date when a Bid is submitted to the County, and which employs the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local Business if one or more Persons that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, even if the Joint Venture does not, at the time of the Bid submittal, have such a bona fide establishment within the County.

- a) Is Applicant a "Local Business" as defined above?

Yes: X No: \_\_\_\_\_

- b) If yes, list business addresses within Cook County:

2608 S. Damen

Chicago, IL 60608

- c) Does Applicant employ the majority of its regular full-time workforce within Cook County?

Yes: X No: \_\_\_\_\_

##### 3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

**All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.**



**4. REAL ESTATE OWNERSHIP DISCLOSURES.**

The Applicant must indicate by checking the appropriate provision below and providing all required information that either:

- a) The following is a complete list of all real estate owned by the Applicant in Cook County:

PERMANENT INDEX NUMBER(S): See attached

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX  
NUMBERS)

OR:

- b) ☐ The Applicant owns no real estate in Cook County.

**5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.**

If the Applicant is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Applicant must explain below:

None

\_\_\_\_\_  
\_\_\_\_\_  
If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Applicant certified to all Certifications and other statements contained in this EDS.

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the ☒ Applicant or ☐ Stock/Beneficial Interest Holder

This Statement is an: ☒ Original Statement or ☐ Amended Statement

### Identifying Information:

Name Allied Waste Transportation, Inc.

D/B/A: Republic Services of Chicago FEIN NO.: 52-204-4848

Street Address: 2608 S. Damen

City: Chicago State: IL Zip Code: 60608

Phone No.: 779-579-3600 Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Cook County Business Registration Number: \_\_\_\_\_  
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): \_\_\_\_\_

### Form of Legal Entity:

☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☐ Other (describe) \_\_\_\_\_

**Ownership Interest Declaration:**

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Allied Waste North America, Inc.		100%
18500 N. Allied Way		
Phoenix, AZ 85054		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [ ☒ ] Yes [ ☐ ] No  
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
Allied Waste North America, Inc.		100%	
18500 N. Allied Way			
Phoenix, AZ 85054			

**Corporate Officers, Members and Partners Information:**

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
See attached			

**Declaration (check the applicable box):**

- [ ☒ ] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- [ ☒ ] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

# Corporate Data Sheet Report

As of August 27, 2014

## Allied Waste Transportation, Inc.

Incorporated in Delaware on 06/19/1997

Status: Current  
Entity Type : Corporation  
Federal ID #: 52-2044848 Internal #: 07  
Domicile:

### Primary Address

18500 North Allied Way  
Phoenix, Arizona 85054

### Directors

	Title
Brian M. DeGhiaccio	Director
Steven Heath Eddleblute	Director
Brian A. Goebel	Director

### Officers

	Title
Steven Heath Eddleblute	President
Brian A. Bales	Vice President
Tim M. Benter	Vice President
Justin Boswell	Vice President
Nathan Cabbil	Vice President
Brian M. DeGhiaccio	Vice President
W. T. Eggleston, Jr.	Vice President
James H. Olson	Vice President
Michael P. Rissman	Vice President
Andrew J. Sweet	Vice President
Edward A. Lang, III	Vice President, Finance
Lawrence Focazio	Vice President, Tax
Eileen B. Schuler	Secretary
Tim M. Benter	Assistant Secretary
W. T. Eggleston, Jr.	Assistant Secretary
Michael P. Rissman	Assistant Secretary
Andrew J. Sweet	Assistant Secretary
Edward A. Lang, III	Treasurer
Marsha A. Lacy	Assistant Treasurer

### Direct Owners

	Registered in	%Ownership
Allied Waste North America, Inc.	Delaware	100.0000 %

## Corporate Data Sheet Report

As of August 27, 2014

Allied Waste Transportation, Inc.

### Registrations

		<u>Charter No.</u>	<u>Tax ID No.</u>	<u>Date</u>	<u>End Date</u>
Arizona	Qualification	F-0823004-8		11/05/1997	
California	Qualification	C2064979		12/30/1997	
Colorado	Qualification	19971209897		12/29/1997	
Delaware	Incorporation	2764352		06/19/1997	
Illinois	Qualification	F 5946-940-1		06/24/1997	
Indiana	Qualification	2002052200013		05/21/2002	
Nebraska	Qualification	1602772		12/30/1997	
Nevada	Qualification	2231-1998		02/02/1998	
Oregon	Qualification	739497-87		03/02/2000	
Utah	Qualification	1386714-0143		12/18/1997	

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Jocelyn Kruis (as agent)  
Name of Authorized Applicant/Holder Representative (please print or type)

Jocelyn Kruis  
Signature

jkruis@republicservices.com  
E-mail address

Subscribed to and sworn before me  
this 11 day of March, 2016

x [Signature]  
Notary Public Signature

General Manager  
Title

3/11/16  
Date

773-358-4552  
Phone Number

My commission expires 3/20/17  
OFFICIAL SEAL

**DAYANNA H RAMIREZ**  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 3-20-2017  
Notary Seal



**COOK COUNTY BOARD OF ETHICS**  
69 W. WASHINGTON STREET, SUITE 3040  
CHICAGO, ILLINOIS 60602  
312/603-4304 Office 312/603-9988 Fax

**FAMILIAL RELATIONSHIP DISCLOSURE PROVISION**

**Nepotism Disclosure Requirement:**

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

**Additional Definitions:**

*"Familial relationship"* means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

- |                                  |  |                                       |
|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Grandparent     | <input type="checkbox"/> Stepfather   |
| <input type="checkbox"/> Child   | <input type="checkbox"/> Grandchild      | <input type="checkbox"/> Stepmother   |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Father-in-law   | <input type="checkbox"/> Stepson      |
| <input type="checkbox"/> Sister  | <input type="checkbox"/> Mother-in-law   | <input type="checkbox"/> Stepdaughter |
| <input type="checkbox"/> Aunt    | <input type="checkbox"/> Son-in-law      | <input type="checkbox"/> Stepbrother  |
| <input type="checkbox"/> Uncle   | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Stepsister   |
| <input type="checkbox"/> Niece   | <input type="checkbox"/> Brother-in-law  | <input type="checkbox"/> Halfbrother  |
| <input type="checkbox"/> Nephew  | <input type="checkbox"/> Sister-in-law   | <input type="checkbox"/> Halfsister   |

**COOK COUNTY BOARD OF ETHICS  
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

**A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY**

Name of Person Doing Business with the County: \_\_\_\_\_

Address of Person Doing Business with the County: \_\_\_\_\_

Phone number of Person Doing Business with the County: \_\_\_\_\_

Email address of Person Doing Business with the County: \_\_\_\_\_

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

\_\_\_\_\_  
\_\_\_\_\_

**B. DESCRIPTION OF BUSINESS WITH THE COUNTY**

*Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:*

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: \_\_\_\_\_

\_\_\_\_\_

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ \_\_\_\_\_

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: \_\_\_\_\_

\_\_\_\_\_

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: \_\_\_\_\_

\_\_\_\_\_

**C. DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS**

*Check the box that applies and provide related information where needed*

- ☐ The Person Doing Business with the County **is an individual** and there is **no familial relationship** between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.
- ☒ The Person Doing Business with the County **is a business entity** and there is **no familial relationship** between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.



**COOK COUNTY BOARD OF ETHICS  
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

- ☐ The Person Doing Business with the County **is an individual** and **there is a familial relationship** between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. **The familial relationships are as follows:**

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If more space is needed, attach an additional sheet following the above format.*

- ☐ The Person Doing Business with the County **is a business entity** and **there is a familial relationship** between at least one member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. **The familial relationships are as follows:**

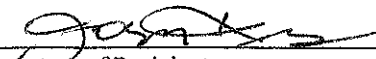
Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Name of Employee of Business Entity Directly Engaged in Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*

*If more space is needed, attach an additional sheet following the above format.*

**VERIFICATION:** To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

  
Signature of Recipient

3/11/16  
Date

**SUBMIT COMPLETED FORM TO:** Cook County Board of Ethics  
69 West Washington Street, Suite 3040, Chicago, Illinois 60602  
Office (312) 603-4304 – Fax (312) 603-9988  
CookCounty.Ethics@cookcountyil.gov

\* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.

SECTION 4

**COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE**

Effective May 1, 2015, every Person, **including Substantial Owners**, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information.

**I. Contract Information:**

Contract Number: 13-45-043

County Using Agency (requesting Procurement): \_\_\_\_\_

**II. Person/Substantial Owner Information:**

Person (Corporate Entity Name): Allied Waste Transportation, Inc.

Substantial Owner Complete Name: \_\_\_\_\_

FEIN# 52-2044848

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License No: \_\_\_\_\_

**III. Compliance with Wage Laws:**

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq., YES or **NO**

Illinois Minimum Wage Act, 820 ILCS 105/1 et seq., YES or **NO**

Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq., YES or **NO**

Employee Classification Act, 820 ILCS 185/1 et seq., YES or **NO**

Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., YES or **NO**

Any comparable state statute or regulation of any state, which governs the payment of wages YES or **NO**

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under **Section IV**.

**IV. Request for Waiver or Reduction**

If Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner  
**YES or NO**

Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation  
**YES or NO**

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default  
**YES or NO**

Other factors that the Person or Substantial Owner believe are relevant.  
**YES or NO**

The Person/Substantial Owner must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the right to make additional inquiries and request additional documentation.

**V. Affirmation**

The Person/Substantial Owner affirms that all statements contained in the Affidavit are true, accurate and complete.

Signature: Jocelyn Kruis Date: 3/11/16

Name of Person signing (Print): Jocelyn Kruis Title: General Manager

Subscribed and sworn to before me this 11 day of March, 20 16

x [Signature]  
Notary Public Signature

Notary Seal

Note: The above information is subject to verification prior to the award of the Contract.



SECTION 5

CONTRACT AND EDS EXECUTION PAGE

**PLEASE EXECUTE THREE ORIGINAL PAGES OF EDS**

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

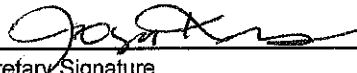
**Execution by Corporation**

Allied Waste Transportation, Inc.  
Corporation's Name

Jocelyn Kruis(as agent)  
President's Printed Name and Signature

773-358-4552  
Telephone

jkruis@republicservices.com  
Email

  
Secretary Signature

3/11/16  
Date

**Execution by LLC**

\_\_\_\_\_  
LLC Name

\_\_\_\_\_  
\*Member/Manager Printed Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone and Email

**Execution by Partnership/Joint Venture**

\_\_\_\_\_  
Partnership/Joint Venture Name

\_\_\_\_\_  
\*Partner/Joint Venturer Printed Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone and Email

**Execution by Sole Proprietorship**

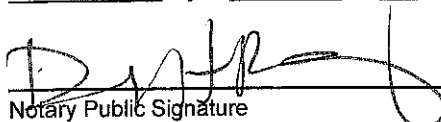
\_\_\_\_\_  
Printed Name Signature

\_\_\_\_\_  
Assumed Name (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone and Email

Subscribed and sworn to before me this  
11 day of March, 2016.

  
Notary Public Signature

My commission expires:  
3/20/17

\_\_\_\_\_  
Notary Seal



\*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.